



**REVOCATION OF POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/719,676
Filing Date	21 November 2003
First Named Inventor	WIEBE, David
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application

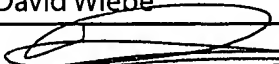
Please change the correspondence address for the above-identified application as follows

David Wiebe  
203 - 2722 Fifth Street  
Victoria, BC  
V8T 4B2, Canada

Tel: 250-880-1410  
Fax: 250- 475- 0702

We are the Applicant/Inventors

**SIGNATURE of Applicant or Assignee of Record**

Name	David Wiebe		
Signature			
Date	May 27 2004	Telephone	250-880-1410

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.



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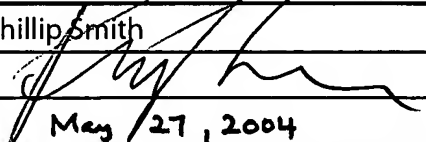
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**SIGNATURE of Applicant or Assignee of Record**

Name	Phillip Smith		
Signature			
Date	May 27, 2004	Telephone	250-389-0707

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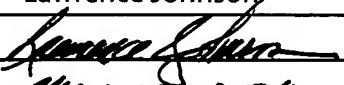
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Victoria, BC	
V8T 4B2, Canada	

We are the Applicant/Inventors

**SIGNATURE of Applicant or Assignee of Record**

Name	Lawrence Johnson		
Signature			
Date	May 28, 2004	Telephone	604- <del>936-7458</del> 543 6272

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